

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: ID
APPLICATION YEAR: 2005

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/12/2004		APPLICANT IDENTIFIER	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		STATE APPLICATION IDENTIFIER	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
				FEDERAL IDENTIFIER	
5. APPLICANT INFORMATION					
Legal Name: Idaho Department of Health and Welfare			Organizational Unit: Bureau of Clinical and Preventive Services		
Address (give city, county, state and zip code) P.O. Box 83720 450 West State Street, 4th Floor Boise, ID 83720 County: Ada			Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Russell A. Duke Tel Number: 208-334-0670		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">8</div><div style="border: 1px solid black; padding: 2px 5px;">2</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">5</div></div>			7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):			9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: Maternal and Child Health Services Block Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MCH Health Care Services DUNS: 82-520-14-86		
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): State of Idaho					
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/01/2004		Ending Date: 09/30/2005		a. Applicant 1-2	
				b. Project 1-2	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ <u>3,387,761.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/1/2004 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ <u>0.00</u>				
c. State	\$ <u>1,000,000.00</u>				
d. Local	\$ <u>1,540,821.00</u>				
e. Other	\$ <u>0.00</u>				
f. Program Income	\$ <u>0.00</u>				
g. TOTAL	\$ <u>5,928,582.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Karl B Kurtz			b. Title Director		c. Telephone Number 208-334-5500
d. Signature of Authorized Representative			e. Date Signed		

FORM 2
MCH BUDGET DETAILS FOR FY 2005

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: ID

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 3,387,761

A.Preventive and primary care for children:

\$ 1,045,977 (30.88%)

B.Children with special health care needs:

\$ 1,499,391 (44.26%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 338,776 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 1,000,000

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 1,540,821

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 2,141,219

\$ 2,540,821

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 5,928,582

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 17,744,363

h. AIDS: \$ 2,081,601

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

ACF - TANF \$ 1,100,000

CDC - Immunization \$ 1,767,802

CDC - STD \$ 431,229

CDC - WHC \$ 2,244,190

PHS - Title X \$ 1,514,070

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 26,883,255

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 32,811,837

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: StateMCHFunds
Row Name: State MCH Funds
Column Name:
Year: 2005
Field Note:
State General Fund used to purchase childhood vaccines.
2. **Section Number:** Main
Field Name: LocalMCHFunds
Row Name: Local MCH Funds
Column Name:
Year: 2005
Field Note:
This funding comprises district health department local funds invested in their immunization and reproductive health programs - the maximum available for immunizations (estimated at \$857,000 based on 03' contribution) and the balance from reproductive health.

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: ID

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,381,284	\$ 2,666,211	\$ 3,373,876	\$ 0	\$ 3,387,761	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 2,535,963	\$ 600,250	\$ 1,830,000	\$ 0	\$ 1,000,000	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 1,399,409	\$ 700,407	\$ 0	\$ 1,540,821	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 160,000	\$ 0	\$ 195,000	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 6,077,247	\$ 4,665,870	\$ 6,099,283	\$ 0	\$ 5,928,582	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 25,415,660	\$ 23,590,372	\$ 30,060,000	\$ 0	\$ 26,883,255	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 31,492,907	\$ 28,256,242	\$ 36,159,283	\$ 0	\$ 32,811,837	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: ID

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,303,178	\$ 3,328,990	\$ 3,303,178	\$ 3,325,763	\$ 3,325,763	\$ 3,381,284
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 2,477,384	\$ 26,024	\$ 2,477,384	\$ 32,510	\$ 2,494,323	\$ 1,802,366
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 3,719,888	\$ 0	\$ 3,977,032	\$ 0	\$ 733,597
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 160,000	\$ 182,795	\$ 160,000	\$ 181,134	\$ 160,000	\$ 185,010
7. Subtotal <i>(Line8, Form 2)</i>	\$ 5,940,562	\$ 7,257,697	\$ 5,940,562	\$ 7,516,439	\$ 5,980,086	\$ 6,102,257
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 20,994,013	\$ 20,949,111	\$ 22,206,943	\$ 22,206,943	\$ 21,652,694	\$ 28,904,161
9. Total <i>(Line11, Form 2)</i>	\$ 26,934,575	\$ 28,206,808	\$ 28,147,505	\$ 29,723,382	\$ 27,632,780	\$ 35,006,418
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2003
Field Note:
The entire block grant award for fiscal years 03' and 04' was not spent within the first year of the grant cycle. State general funds became available on a one time basis and were used to offset MCH expenditures. The 03' funds will be spent first and excess 04' cycle funds that will result are currently being used for two projects: MCH 5 year needs assessment which will be conducted by Health Systems Research, Inc, and a childhood obesity prevention project.
- 2. Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2002
Field Note:
Because of the inability to enter data the local match section of the previous year's form 2 in any amount less than 75%, both state and local funds were included in the state funds section.
- 3. Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
Because of the inability to enter data the local match section of the previous year's form 2 in any amount less than 75%, both state and local funds were included in the state funds section.
- 4. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2002
Field Note:
see explanation in line above.
- 5. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2003
Field Note:
Because of the inability to enter data the local match section of the previous year's form 2 in any amount less than 75%, both state and local funds were included in the state funds section.
- 6. Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2002
Field Note:
We collected more in receipts than we anticipated. These are funds collected from insurance companies for services provided to clients of CSHP.
- 7. Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2003
Field Note:
A decision made by the Department for all grants is to report only the required match. While general fund revenues were generated, they are not needed to meet the MCH block grant requirements. This will allow funds to be used as for other grant match requirements and eliminate the potential for them to be double reported.
- 8. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2002
Field Note:
Change of MCH Director. Not certain which federal grants under the direct supervision of previous MCH director was used to calculate budgeted amount, but the actual expended reflects expenditures for all federal grants under current MCH director supervision for FY 02.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ID

	FY 2003		FY 2004		FY 2005	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 298,646	\$ 251,509	\$ 226,154	\$ 0	\$ 436,249	\$ 0
b. Infants < 1 year old	\$ 1,083,613	\$ 531,683	\$ 1,371,204	\$ 0	\$ 1,090,307	\$ 0
c. Children 1 to 22 years old	\$ 1,931,603	\$ 1,152,946	\$ 2,026,582	\$ 0	\$ 1,953,696	\$ 0
d. Children with Special Healthcare Needs	\$ 2,115,128	\$ 2,155,602	\$ 1,751,236	\$ 0	\$ 1,540,665	\$ 0
e. Others	\$ 310,129	\$ 274,462	\$ 386,719	\$ 0	\$ 568,889	\$ 0
f. Administration	\$ 338,128	\$ 299,668	\$ 337,388	\$ 0	\$ 338,776	\$ 0
g. SUBTOTAL	\$ 6,077,247	\$ 4,665,870	\$ 6,099,283	\$ 0	\$ 5,928,582	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 0	\$ 0	\$ 0
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 18,357,000	\$ 22,239,500	\$ 17,744,363
h. AIDS	\$ 1,987,000	\$ 2,417,700	\$ 2,081,601
i. CDC	\$ 0	\$ 0	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
ACF - TANF	\$ 0	\$ 0	\$ 1,100,000
CDC - Immunization	\$ 3,261,000	\$ 0	\$ 1,767,802
CDC - STD	\$ 0	\$ 0	\$ 431,229
CDC - WHC	\$ 0	\$ 0	\$ 2,244,190
PHS - Title X	\$ 0	\$ 0	\$ 1,514,070
CDC Immunization	\$ 0	\$ 3,443,600	\$ 0
CDC STD	\$ 0	\$ 307,100	\$ 0
Title X	\$ 1,420,660	\$ 1,652,100	\$ 0
CDC - STD	\$ 390,000	\$ 0	\$ 0
III. SUBTOTAL	\$ 25,415,660	\$ 30,060,000	\$ 26,883,255

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ID

	FY 2000		FY 2001		FY 2002	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 311,745	\$ 286,872	\$ 355,916	\$ 302,687	\$ 351,659	\$ 136,122
b. Infants < 1 year old	\$ 1,065,214	\$ 1,412,806	\$ 1,062,264	\$ 1,669,717	\$ 978,036	\$ 1,166,161
c. Children 1 to 22 years old	\$ 1,987,653	\$ 2,663,653	\$ 2,072,703	\$ 2,720,921	\$ 2,070,622	\$ 1,911,485
d. Children with Special Healthcare Needs	\$ 1,996,883	\$ 2,381,596	\$ 1,870,611	\$ 2,141,716	\$ 2,000,763	\$ 2,275,117
e. Others	\$ 310,191	\$ 310,097	\$ 310,191	\$ 352,052	\$ 310,129	\$ 345,478
f. Administration	\$ 268,876	\$ 202,673	\$ 268,877	\$ 329,346	\$ 268,877	\$ 338,128
g. SUBTOTAL	\$ 5,940,562	\$ 7,257,697	\$ 5,940,562	\$ 7,516,439	\$ 5,980,086	\$ 6,172,491

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 70,000		\$ 100,000		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 205,228		\$ 205,228		\$ 205,228	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 17,331,917		\$ 17,703,074		\$ 17,747,383	
h. AIDS	\$ 1,338,140		\$ 1,394,302		\$ 1,250,586	
i. CDC	\$ 677,808		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
CDC-Immunization	\$ 0		\$ 1,438,989		\$ 1,163,979	
CDC-STD	\$ 338,625		\$ 370,146		\$ 384,146	
Title X	\$ 1,032,295		\$ 995,204		\$ 901,372	
III. SUBTOTAL	\$ 20,994,013		\$ 22,206,943		\$ 21,652,694	

FORM NOTES FOR FORM 4

no comments

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2002
Field Note:
Funds were shifted to CSHP to cover the program's expenses exceeding the budgeted amount and to cover the underestimated indirect rate (administration). Fewer dollars were also need to cover Idaho's careline, which is cost allocated accross the 4 areas of pregnancy, <1, 1-22, and CSHP.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2003
Field Note:
The FFY 03' budget included expenses beyond the 75% block grant requirement. The Idaho Department of Health and Welfare made an adminstrative decision to only report required match on grants. This is why the federal and state partnership appears to be less that budgeted. This change in policy has been accounted for in the FFY 05' projected budget.
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2002
Field Note:
Funds in excess of what was budgeted was used in the immuzation program.
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2003
Field Note:
The FFY 03' budget included expenses beyond the 75% block grant requirement. The Idaho Department of Health and Welfare made an adminstrative decision to only report required match on grants. This is why the federal and state partnership appears to be less that budgeted. This change in policy has been accounted for in the FFY 05' projected budget.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2003
Field Note:
The FFY 03' budget included expenses beyond the 75% block grant requirement. The Idaho Department of Health and Welfare made an adminstrative decision to only report required match on grants. This is why the federal and state partnership appears to be less that budgeted. This change in policy has been accounted for in the FFY 05' projected budget.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2002
Field Note:
The amount that we anticipate spending in CSHP tends to consistently underestimate the amount we actually spend. Program costs continue to increase and as funds are underspent in other MCH funded programs, they are shifted to CSHP.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2003
Field Note:
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2002
Field Note:
The percent of clients served in reproductive health outside the 1-22 age group was much larger than anticipated. Therefore as a percentage of the total MCH dollars spent in reproductive health, the amount actually spent was higher.
- 9. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2003
Field Note:
The FFY 03' budget included expenses beyond the 75% block grant requirement. The Idaho Department of Health and Welfare made an adminstrative decision to only report required match on grants. This is why the federal and state partnership appears to be less that budgeted. This change in policy has been accounted for in the FFY 05' projected budget.
- 10. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2002
Field Note:
The budgeted amount was incorrect. It should always be 10% of the total grant award.

11. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2003

Field Note:

The FY 03' block grant was underspent because one time general funds were used to offset MCH expenses. The amount included on this line equals 10% of the total block grant expenses. This is the amount that is used to cover Department indirects.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: ID

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,738,185	\$ 2,737,478	\$ 2,347,051	\$ 0	\$ 2,837,651	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 48,000	\$ 27,726	\$ 41,136	\$ 0	\$ 1,887,000	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,532,534	\$ 1,236,702	\$ 3,134,833	\$ 0	\$ 362,000	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 758,528	\$ 663,964	\$ 576,263	\$ 0	\$ 841,931	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 6,077,247	\$ 4,665,870	\$ 6,099,283	\$ 0	\$ 5,928,582	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: ID

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,631,389	\$ 3,027,862	\$ 2,496,068	\$ 2,843,490	\$ 2,627,740	\$ 2,607,016
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 60,000	\$ 19,011	\$ 48,000	\$ 4,713	\$ 48,000	\$ 27,858
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,524,250	\$ 3,624,156	\$ 2,624,250	\$ 3,894,503	\$ 2,530,831	\$ 2,521,966
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 724,923	\$ 586,668	\$ 772,244	\$ 773,733	\$ 773,515	\$ 721,019
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,940,562	\$ 7,257,697	\$ 5,940,562	\$ 7,516,439	\$ 5,980,086	\$ 5,877,859

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2002
Field Note:
A comment was made during last year's review that CSHP spends 46.9% of the MCH federal allocation and there was no discussion of the challenges. This is a challenge for Idaho. Last year the division of health put together a proposal for reducing the budget burden CSHP places on the overall grant. Cost saving measures included: eliminating orthopedics as a diagnostics category covered by the program; reducing district contracts for providing case coordination for children who are enrolled in the program, but also qualify for Medicaid and eliminating the provision of formula to adults with PKU. The Governor's Office directed the division to continue providing services with no changes. Once again, this year we will prepare another proposal, likely very similar, and submit it to the Governor's Office for approval. If it's not approved, we intend to identify other resources to fund the program and reduce the MCH commitment to the level actually allocated to CSHP in our budget proposal.
- 2. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2002
Field Note:
Careline was budgeted to spend \$48,000 for year and only spent \$27,858. This is a cost allocation program, so fewer calls by percent of total were billed to MCH.
- 3. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
The enabling services budget only includes the Idaho Careline. Anticipated expenditures were based on historical expenditures. Careline is set up on a cost allocation plan so that means the MCH share of the overall careline budget was less than anticipated.
- 4. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
The FFY 03' budget included expenses beyond the 75% block grant requirement. The Idaho Department of Health and Welfare made an administrative decision to only report required match on grants. This is why the federal and state partnership appears to be less than budgeted. This change in policy has been accounted for in the FFY 05' projected budget.
- 5. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
The FFY 03' budget included expenses beyond the 75% block grant requirement. The Idaho Department of Health and Welfare made an administrative decision to only report required match on grants. This is why the federal and state partnership appears to be less than budgeted. This change in policy has been accounted for in the FFY 05' projected budget.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: ID						
Total Births by Occurrence: <u>20,985</u>					Reporting Year: 2003	
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	21,174	100.9	3	3	2	66.7
Congenital Hypothyroidism	21,174	100.9	93	10	9	90
Galactosemia	21,174	100.9	1	1	1	100
Sickle Cell Disease	247	1.2	1	1	1	100
Other Screening (Specify)						
Medium Chain AcylCo-A Dehydrogenase (MCAD)	21,174	100.9	5	5	5	100
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2005
Field Note:
We have a 98% rate of testing. The number of children screened includes those adopted out of state and those who have moved in from other states without being tested, which accounts for more first screens performed than births.
2. **Section Number:** Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2005
Field Note:
We have a 98% rate of testing. The number of children screened includes those adopted out of state and those who have moved in from other states without being tested, which accounts for more first screens performed than births.
3. **Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2005
Field Note:
We have a 98% rate of testing. The number of children screened includes those adopted out of state and those who have moved in from other states without being tested, which accounts for more first screens performed than births.
4. **Section Number:** Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2005
Field Note:
Idaho had only one presumptive positive and it was later confirmed.
5. **Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2005
Field Note:
Idaho had three presumptive positive screens for PKU and all three were confirmed.
6. **Section Number:** Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2005
Field Note:
Idaho had only one presumptive positive galactosemia and it was confirmed.
7. **Section Number:** Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2005
Field Note:
Idaho had only one presumptive positive sickle cell and it was confirmed.
8. **Section Number:** Main
Field Name: Phenylketonuria_TreatmentNo
Row Name: Phenylketonuria
Column Name: Needing treatment that received treatment
Year: 2005
Field Note:
one child with mild hyperphenylalanem needed no treatment.
9. **Section Number:** Main
Field Name: Congenital_TreatmentNo
Row Name: Congenital
Column Name: Needing treatment that received treatment
Year: 2005
Field Note:
One child treatment start date was unknown. Lost to follow-up.
10. **Section Number:** Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2005
Field Note:
All 21,174 test performed included the following disorders for which there were confirmed cases in 2003.

3-MCC Deficiency - 2
MCAD Deficiency - 5
TBG Deficiency - 2

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: ID

Reporting Year: 2003

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	2,256	75.0		11.0	14.0	
Infants < 1 year old	22,000	30.0		60.0	10.0	
Children 1 to 22 years old	51,348	40.0		5.0	55.0	
Children with Special Healthcare Needs	2,254	34.0		55.0	11.0	
Others	30,895	20.0		10.0	70.0	
TOTAL	108,753					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2005
Field Note:
estimated based on birth cohort - newborn metabolic and hearing screening.
2. **Section Number:** Main
Field Name: Children_0_1_XIX
Row Name: Infants <1 year of age
Column Name: Title XIX %
Year: 2005
Field Note:
Estimated across average of population served by programs included in this category.
3. **Section Number:** Main
Field Name: Children_1_22_XIX
Row Name: Children 1 to 22 years of age
Column Name: Title XIX %
Year: 2005
Field Note:
estimated across average of population served by programs included in this category.
4. **Section Number:** Main
Field Name: AllOthers_XIX
Row Name: Others
Column Name: Title XIX %
Year: 2005
Field Note:
coverage is estimated based on average distribution across programs included in this section.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: ID

Reporting Year: 2002

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	20,449	19,444	102	346	301	28	0	228
Title V Served	20,039	19,055	100	339	295	27	0	223
Eligible for Title XIX	6,134	5,833	31	104	90	8	0	68
INFANTS								
Total Infants in State	20,226	19,499	191	296	240			
Title V Served	191,803	191,090	187	290	236	0	0	0
Eligible for Title XIX	6,068	5,850	57	89	72	0	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	17,431	2,684	334	2,119	5	14	75	471
Title V Served	17,082	2,630	327	2,077	5	14	74	462
Eligible for Title XIX	5,229	805	100	636	2	4	23	141
INFANTS								
Total Infants in State	17,608	2,618		2,066	5	14	73	460
Title V Served	17,256	2,566	0	2,025	0	0	0	0
Eligible for Title XIX	52,824	785	0	620	2	4	22	138

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2005
Field Note:
98% of all infants born in Idaho are provided newborn hearing screening, so 98% of the total birth cohort was used to determine the number of infants served by Title V.
2. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2005
Field Note:
Approximately 30% of Idaho births are covered by Medicaid, so 30% of the total birth cohort was considered as receiving a Medicaid benefit.
3. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_Asian
Row Name: Total Infants in State
Column Name: Asian
Year: 2005
Field Note:
Native Hawaiian or other Pacific Islander are included in Asian category.
4. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_Hawaiian
Row Name: Total Infants in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2005
Field Note:
Native Hawaiian or other Pacific Islander are included in Asian category.
5. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_More
Row Name: Total Infants in State
Column Name: More Than One Race Reported
Year: 2005
Field Note:
More than one race data not available.
6. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_RaceOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2005
Field Note:
All races are known for population estimates.
7. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2005
Field Note:
98% of the total birth cohort for this row was used as an estimate to determine the number of infants receiving title V services since 98% of all infants receive newborn hearing screening.
8. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2005
Field Note:
The estimate used for this row is 30 percent of the total birth cohort because 30% of all deliveries are covered by Medicaid.
9. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
98% of all infants born in Idaho are provided newborn hearing screening, so 98% of the total birth cohort was used to determine the number of infants served by Title V.
10. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2005
Field Note:
the total does not equal the sum of the subcategories due to rounding. 98% of the number listed in each subcategory was considered as receiving a Title V service.
11. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2005
Field Note:
the total does not equal the sum of the subcategories due to rounding. 30% of the number listed in each subcategory was considered as receiving a Medicaid benefit.
12. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2005

Field Note:

Approximately 30% of Idaho births are covered by Medicaid, so 30% of the total birth cohort was considered as receiving a Medicaid benefit.

13. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2005

Field Note:

the total does not equal the sum of the subcategories due to rounding. 30% of the number listed in each subcategory was considered as receiving a Medicaid benefit.

14. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_Mexican

Row Name: Eligible for Title XIX

Column Name: Mexican

Year: 2005

Field Note:

the total does not equal the sum of the subcategories due to rounding. 30% of the number listed in each subcategory was considered as receiving a Medicaid benefit.

15. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_NotReported

Row Name: Total Infants in State

Column Name: Ethnicity Not Reported

Year: 2005

Field Note:

Data is not collected based on ethnicity not reported.

16. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_Mexican

Row Name: Total Infants in State

Column Name: Mexican

Year: 2005

Field Note:

Hispanic population estimates by age by ethnic sub-category not available. This is an estimate based on number of babies born in 2002 by ethnic sub-category.

17. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_Cuban

Row Name: Total Infants in State

Column Name: Cuban

Year: 2005

Field Note:

Hispanic population estimates by age by ethnic sub-category not available. This is an estimate based on number of babies born in 2002 by ethnic sub-category.

18. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_PuertoRican

Row Name: Total Infants in State

Column Name: Puerto Rican

Year: 2005

Field Note:

Hispanic population estimates by age by ethnic sub-category not available. This is an estimate based on number of babies born in 2002 by ethnic sub-category.

19. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_CentralAmerican

Row Name: Total Infants in State

Column Name: Central and South American

Year: 2005

Field Note:

Hispanic population estimates by age by ethnic sub-category not available. This is an estimate based on number of babies born in 2002 by ethnic sub-category.

20. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_EthnicityOther

Row Name: Total Infants in State

Column Name: Other and Unknown

Year: 2005

Field Note:

Hispanic population estimates by age by ethnic sub-category not available. This is an estimate based on number of babies born in 2002 by ethnic sub-category.

21. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2005

Field Note:

98% of all infants born in Idaho are provided newborn hearing screening, so 98% of the total birth cohort was used to determine the number of infants served by Title V.

22. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2005

Field Note:

the total does not equal the sum of the subcategories due to rounding. 98% of the number listed in each subcategory was considered as receiving a Title V service.

23. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2005

Field Note:

Approximately 30% of Idaho births are covered by Medicaid, so 30% of the total birth cohort was considered as receiving a Medicaid benefit.

24. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2005
Field Note:
the total does not equal the sum of the subcategories due to rounding. 30% of the number listed in each subcategory was considered as receiving a Medicaid benefit.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: ID

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	800 926-2588 or 211	800 926-2588 or 211	(800) 926-2588	(800) 926-2588	(800) 926-2588
2. State MCH Toll-Free "Hotline" Name	Idaho CareLine	Idaho CareLine	Idaho CareLine	Idaho CareLine	Idaho CareLine
3. Name of Contact Person for State MCH "Hotline"	Patricia Williams	Patricia Williams	Patricia Williams	Patricia Williams	Patricia Williams
4. Contact Person's Telephone Number	208 334-5551	208 334-5551	(208) 334-5551	(208) 334-5551	(208) 334-5551
5. Number of calls received on the State MCH "Hotline" this reporting period			9,500	32,417	49,268

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: ID

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2003

Field Note:

In past years the total number of calls to the Idaho Careline was reported. Beginning 2003 we are reporting only those estimated to be relevant to MCH.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2005
[SEC. 506(A)(1)]
STATE: ID

1. State MCH Administration:
(max 2500 characters)

The Bureau of Clinical and Preventive Services, Idaho Department of Health and Welfare, administers the Title V MCH Program. Three programs were added this past year - Women's Health Check, Health Programs Support and Worker Health and Safety. Women's Health Check is Idaho's Breast and Cervical Cancer Screening Program and was moved from the Bureau of Health Promotion. Worker Health and Safety is a program focused on reducing Department staff injuries moved from the Bureau of Environmental Health and Safety. Health Programs Support is a newly created unit with the Bureau that serves as an information technology and customer support role for the WIC and Immunization Reminder Information System databases, the new Idaho Health Alert Network and soon will be responsible for management of the Idaho National Electronic Disease Surveillance System. The Bureau is now composed of ten programs including the two mentioned above and Children's Special Health Program; Newborn Screening, Genetics; Reproductive Health Program; WIC Program; Immunization Program; and the STD/AIDS Program. Title V funds support staff and/or programs in the new combined Bureau's of Environmental Health and Safety and Health Promotion called Bureau of Community and Environmental Health. The MCH funded programs from that Bureau are Injury Prevention and Oral Health. MCH funds also support the Bureau of Vital Records and Health Statistics perinatal analyst to perform the annual Pregnancy Risk Assessment and Tracking System (PRATS) survey.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 3,387,761
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 1,000,000
5. Local MCH Funds (Line 4, Form 2)	\$ 1,540,821
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 5,928,582

9. Most significant providers receiving MCH funds:

7 public health districts and St Luke's Hospital

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	2,256
b. Infants < 1 year old	22,000
c. Children 1 to 22 years old	51,348
d. CSHCN	2,254
e. Others	30,895

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

The Reproductive Health Program strives to reach hard to reach populations and works closely with the Migrant and Community Health Centers to assure access to care for Spanish speaking women and teens. This past year the program initiated a memorandum of understanding between the Division of Health and two community health centers under which they will assure compliance with Title X requirements and data reporting in exchange for the ability to purchase low cost contraceptives from Idaho's multi-state purchasing agreement. The CSHP Program has a positive working relationship with Salt Lake City's Primary Childrens Medical Center and Shriners hospitals in Salt Lake City and Spokane, Washington for referral of patients. The Genetics Services Program works closely with the Oregon Health Sciences University to provide Board Certified Genetics specialists to staff genetics clinics and counseling. The CSHP Program also contracts with the University of Washington to provide experts on metabolic disease for PKU and other nutrition counseling. The CSHP Program is actively collaborating with the Opening Doors Into Rural Communities Project (ODRC) at Utah State University, an effort to develop a model for building comprehensive, coordinated early intervention systems in rural areas. WIC will be partnering with the district health departments to provide training to the large number of pediatricians and family physicians on using body mass index to detect risk for children becoming overweight while also focusing on things like family meals, nutrition and exercise and breastfeeding. The target physicians will be health connection providers (those that see Medicaid patients) to ensure the lower income population at a minimum benefits from this effort. WIC will then partner with the immunization program for doing follow-up evaluation since the immunization quality assurance review team staff are in every physician's office that provides vaccines at least once per year.

b. Population-Based Services:
(max 2500 characters)

WIC/Immunization Linkage is a collaboration between the two programs on a statewide basis in which all WIC clients 0-24 months of age are screened for immunization status and those not up to date are referred to their health care provider. The Injury Prevention Program partners with the Idaho Transportation Department and the Bureau of Emergency Medical Services in a child safety seat, seat belt, and bicycle education campaigns. Child safety seats and bicycle helmets are distributed. The CSHP Program has an MOU in place with the Idaho Division of Vocational Rehabilitation to assist older CSHP patients in the transition to working life, this effort is part of a national Shriners Hospitals initiative to provide transition services to special needs populations.

c. Infrastructure Building Services:
(max 2500 characters)

The Reproductive Health Program continues to meet with the Division of Medicaid staff to develop a 1115 waiver to expand family planning eligibility for Medicaid. The current proposal is modeled after a plan submitted by Oregon to expand eligibility for only family planning to all women less than 150% of the federal poverty level. This expansion would greatly increase access to services and allow current program funds to be redirected into priority areas. This project was put on hold last year pending federal legislation that would have eliminated the need for a waiver. The legislation did not pass and the Division of Health and Medicaid staff will begin work once again on the state waiver. The Bureau of Community and Environmental Health partners with the district health departments to form community based coalitions addressing adolescent pregnancy prevention

with an abstinence message. The Immunize by Two Coalition works with the Immunization Program to provide parent and provider education and outreach services as well as initiation of community-based coalitions.

12. The primary Title V Program contact person:

Name	Russell Duke
Title	Chief, Bureau of Clinical and Preventive Services
Address	Idaho Dept. Health and Welfare450 West State Street 4
City	Boise
State	ID
Zip	83720
Phone	(208) 334-0670
Fax	(208) 332-7346
Email	duke@idhw.state.id.us
Web	

13. The children with special health care needs (CSHCN) contact person:

Name	Brett Harrell
Title	Manager, Childrens Special Health Program
Address	Idaho Dept. Health and Welfare450 West State Street4
City	Boise
State	ID
Zip	83720
Phone	(208) 334-5963
Fax	(208) 334-6581
Email	harrellb@idhw.state.id.us
Web	

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: ID

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					100
Annual Indicator	98.2	98.2	99.3	97.3	95.0
Numerator	19,504	19,937	20,537	20,404	19
Denominator	19,862	20,302	20,686	20,965	20
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					60
Annual Indicator				57.2	57.2
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	50
Annual Indicator	_____	_____	_____	49.1	49.1
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	52	52	52	52	52
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	53.3	53.3
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					77
Annual Indicator				75.2	75.2
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					6
Annual Indicator				5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	73	72	74	76	77
Annual Indicator	65	70	70.2	69.4	79
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	81	82	83	84
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	26	25	24.9	17	16
Annual Indicator	25.2	21.0	19.0	18.4	17.9
Numerator	794	669	604	582	560
Denominator	31,557	31,901	31,718	31,561	31,300
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	15	14	13	12	11
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	43	51	50	50.5	60
Annual Indicator	50.5	47.8	53.6	59.7	49.9
Numerator	9,542	9,236	10,361	11,430	9,426
Denominator	18,895	19,323	19,332	19,147	18,890
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	62	64	66	68	70
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	7.5	7.3	7.1	5	5
Annual Indicator	9.4	6.4	5.6	5.6	6.8
Numerator	25	18	17	17	21
Denominator	266,004	283,307	305,087	305,614	307,803
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	4.5	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	68.5	72.5	72.6	72.7	75
Annual Indicator	72.4	73.4	74.6	74.3	73.6
Numerator	12,843	13,183	13,483	13,666	13,961
Denominator	17,733	17,955	18,076	18,398	18,977
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	76	77	78	79	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	54	64	80	82.5	100
Annual Indicator	63.1	77.2	91.4	96.8	97.4
Numerator	11,709	14,646	16,798	18,275	19,532
Denominator	18,551	18,964	18,383	18,886	20,060
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	14	12.3	12.2	12.1	12
Annual Indicator	12.4	13	13	13	13
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	12	12	12	12	12
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	72.89	73	73.1	73.2	90
Annual Indicator	82.6	83.2	87.1	89.5	94.3
Numerator	75,262	88,994	113,555	127,524	142,394
Denominator	91,065	106,909	130,313	142,425	151,017
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	95	95.5	96	96.5	97
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	0.7	1	1	1	0.8
Annual Indicator	1.1	1.1	1.0	1.0	0.9
Numerator	212	220	200	201	200
Denominator	19,849	20,294	20,686	20,954	21,200
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0.7	0.6	0.5	0.4	0.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	16.9	16.8	16.7	20	19
Annual Indicator	13.4	18.9	21.3	13.7	14.0
Numerator	15	21	24	15	15
Denominator	111,679	110,858	112,936	109,671	107,000
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	13	12	11	10	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	58.5	58.5	58.6	65	66
Annual Indicator	55.7	64.5	59.5	65.7	72.8
Numerator	118	142	119	132	142
Denominator	212	220	200	201	195
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	81.2	80.6	80.7	80.8	83
Annual Indicator	80.5	80.9	81.9	82.1	82.2
Numerator	15,736	15,983	15,807	16,710	17,610
Denominator	19,547	19,761	19,309	20,362	21,415
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	84	85	86	87	88
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

Proportion of all pregnancies seen in Reproductive Health Clinics that are unintended

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	66	70	69.9	69.8	55
Annual Indicator	70.1	61.8	60.3	60.5	66.7
Numerator	2,648	1,921	2,122	2,208	1,503
Denominator	3,780	3,109	3,519	3,652	2,254
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	55	55	55	55
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

Percent of positive pregnancy tests in Reproductive Health program participants of less than 20 years old

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	13.5	11.8	11.7	11.6	8
Annual Indicator	11.9	8.9	9.0	8.8	5.7
Numerator	1,228	983	1,037	1,052	618
Denominator	10,358	11,081	11,508	11,903	10,777
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.5	5	4.5	4	3.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Use of the Idaho CareLine as a clearinghouse (information/referral service) of information for non-health related children's social and developmental services

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	1,350	6,200	8,000	8,500	8,500
Annual Indicator	6,077	13,719			
Numerator			8,514	8,254	9,500
Denominator			1	1	1
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	10,000	11,000	11,500	12,000	12,500
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Percent of child deaths reviewed by the Idaho Child Mortality Review Team

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	92	100	100	100	100
Annual Indicator	100.0	41.1	50.2	NaN	NaN
Numerator	224	81	102	0	0
Denominator	224	197	203	0	0
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

Doses of hepatitis A vaccine administered to children at kindergarten entry

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	1,850	3,000	10,000	15,000	23,000
Annual Indicator	N/A	4,185	12,697.0	17,944.0	16,971.0
Numerator			12,697	17,944	16,971
Denominator			1	1	1
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	25,000	27,000	29,000	32,000	35,000
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

Percent of children age 5 years who are caries-free in their primary teeth (have no decayed, missing or filled teeth due to tooth decay)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	N/A	N/A	N/A	37	37
Annual Indicator				53.6	34.2
Numerator				9,995	6,367
Denominator				18,647	18,628
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	30	30	30	30	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

Percent of investigations completed on children with elevated blood lead levels

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	98.8	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	60	38	34	18	22
Denominator	60	38	34	18	22
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

Percent of deaths attributed to SIDS that are autopsied

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	86	95	100	100	100
Annual Indicator	94.7	95.0	100.0	100.0	100.0
Numerator	18	19	15	13	13
Denominator	19	20	15	13	13
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 9

Percent of CHIP eligible children who are enrolled in the program

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	40	45	47.5	50	50
Annual Indicator	42.9	69.3	41.2	38.6	41.0
Numerator	3,735	13,866	11,940	11,197	11,885
Denominator	8,701	20,000	29,000	29,000	29,000
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

Data for 2003 is for calendar year 2003 and includes children 0 through 19 on regular medicaid and SCHIP. Numerator is the number of Medicaid and SCHIP enrolled children that receive a Medicaid paid service. Denominator is the number of total enrolled children in Medicaid and SCHIP.

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2005
Field Note:
In 2003 one child had a mild form of a condition and needed no treatment and one child the date of treatment initiation is unknown.
2. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
3. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
7. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
The percentage comes for the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.
8. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2005
Field Note:
Data is from the Current Population Survey by the US Census Bureau for the years 2000-2001
9. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available for 2003.
10. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2005
Field Note:
Data for very low birth babies born at high-risk facilities are based on Idaho resident births in Idaho. Idaho does not receive hospital name for out of state births, therefore designation of high-risk facilities for babies born out of state is not available. Numerator is based on births to Idaho residents in Idaho and denominator is based on Idaho resident births.
11. **Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2005
Field Note:
The Idaho Child Mortality Review Team has been disbanded. A summary of their 5 years of work will be developed as a final document produced by the team. Essentially

the first few years of reviews identified areas for improvement and as such recommendations were made. In the most recent year or two, the team believed they were basically reviewing similar types of deaths and that recommendations were just being repeated.

The manner in which the data was being reported in 1999 compared to 2000 and 2001 is the reason the rate of review had declined. All the deaths are reviewed by a subcommittee of the team, but only those that are believed to have been preventable are reviewed in detail by the entire team. These preventable deaths, such as homicide, suicide, and SIDS, were the only ones reported as reviewed in 2000 and 2001. The objective is still correct in the sense that 100% of all those eligible for review were in fact reviewed.

This measure will be replaced next year following completion of the 5 year needs assessment.

12. **Section Number:** State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2005
Field Note:
The denominator is an estimate by the Urban Institute.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: ID

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	7.18	7.1	7	7	7
Annual Indicator	6.7	7.5			
Numerator	134	152			
Denominator	19,870	20,305			
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	7	7			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	0
Annual Indicator	6.0	0.0			
Numerator	40	0			
Denominator	6.7	7.5			
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	4.5	4.5	4.5	4.5	4.5
Annual Indicator	4.6	5.4			
Numerator	92	109			
Denominator	19,870	20,305			
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.5	4.5			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.7	2.6	2.5	2.5	2.5
Annual Indicator	2.1	2.1			
Numerator	42	43			
Denominator	19,870	20,305			
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.5	2.5			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	9.9	9.8	9.7	9.6	9.5
Annual Indicator	9.7	10.4			
Numerator	192	211			
Denominator	19,870	20,304			
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9.4	9.3			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	28.4	28.3	28.2	28.1	28
Annual Indicator	32.3	22.2			
Numerator	86	63			
Denominator	266,004	283,307			
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	27.9	27.8			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: ID

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 13

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: ID FY: 2005

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To reduce infant mortality and low birth weight by reducing unintended pregnancies through family planning services.
2. To reduce the adolescent pregnancy rate through improved access to contraceptive services.
3. To increase health education on substance abuse and physical abuse issues to pregnant women, mothers and adolescents.
4. To increase access to care including oral health - (not limited to focusing on health insurance) - targeting women, infants and children and children with special health needs.
5. To increase prenatal care utilization focusing on population disparities.
6. To reduce vaccine preventable diseases by increasing the immunization rates of children 0-2 years of age.
7. To reduce morbidity/mortality due to injury.
8. To reduce behaviors in adolescents such as suicide and risky sexual activities leading to teen pregnancy and STDs.
9. To reduce infant morbidity/mortality by review of infant/child deaths by the Child Mortality Review Team followed by targeted interventions.
10. To further develop our capacity for assessment, epidemiology, evaluation, investigation and control of "clusters" of reportable diseases and conditions and to increase data capacity for all MCH populations.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: ID

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Technical assistance will be needed to plan and implement a health promotions/communications/marketing plan.	Assessment of our program has shown a deficiency in achieving the recommended screening benchmark for number of infants who return for a rescreen when needed.	Galen Louis, PhD.
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Guidance on how other states are using parents to support CSHCN programs.	Idaho CSHCN is transitioning from directo services to systems improvement. New role to include parents.	Any states recognized by MCHB as leaders for parent involvement with CSHCN programs.
3.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Support for a region X MCH meeting linked to the annual block grant reviews.	Opportunity to network to enhance MCH programs among similar geographic and demographic states.	Meeting between MCH staff in Alaska, Washington, Oregon and Idaho.
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: ID

SP # 1

PERFORMANCE MEASURE:

Proportion of all pregnancies seen in Reproductive Health Clinics that are unintended

STATUS:

Active

GOAL

To reduce unintended pregnancies through family planning services and educational initiatives.

DEFINITION

Numerator:

Total number of unintended pregnancies in Reproductive Health clinics statewide.

Denominator:

Total number of pregnancies in Reproductive Health clinics statewide.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State Reproductive Health Program Data

SIGNIFICANCE

Without effective contraception, 89 percent of couples who engage in sexual intercourse regularly will conceive within one year. Teenagers account for about one third of unintended pregnancies with three quarters of teenage pregnancies occurring among teens who are not practicing contraception. Effective family planning and avoidance of unintended pregnancy can improve infant health. The institute of Medicine's 1985 report "Preventing Low Birthweight" found that the reduction in infant mortality in the United States over the past 20 years is due in part to effective family planning. According to the IOM Report, "The Best Intentions Summary, 1995, Studies show with unintended pregnancies, especially those that are unwanted, the mother is more likely to seek prenatal care after the first trimester or not to obtain care. She is more likely to expose the fetus to harmful substances such as tobacco or alcohol. The child of an unwanted conception is at greater risk of weighing less than 2,500 grams at birth, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development.

SP # 2

PERFORMANCE MEASURE:

Percent of positive pregnancy tests in Reproductive Health program participants of less than 20 years old

STATUS:

Active

GOAL

To reduce adolescent pregnancy rates through family planning services and educational initiatives.

DEFINITION

Numerator:

Number of positive pregnancy tests in Reproductive Health clinic clients less than 20 years of age.

Denominator:

Total number of Reproductive Health clinic clients less than 20 years of age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State Reproductive Health Data

SIGNIFICANCE

The negative effects of unintended adolescent pregnancy include poor pregnancy outcome, emotional and psychological disruption, social and economic effects on the adolescent and her child, and economics consequences for society at large. In addition to the personal costs to teen parents and their babies, societal costs of teen childbearing are immense.

SP # 3

PERFORMANCE MEASURE:

Use of the Idaho CareLine as a clearinghouse (information/referral service) of information for non-health related children's social and developmental services

STATUS:

Active

GOAL

Expand the Idaho CareLine to be the provider of clearinghouse information on services for young children, birth to three years old.

DEFINITION

Calls for service categories other than those previously designated for the "MCH toll-free number". This would typically include such categories as abuse/neglect, childcare, early learning, health insurance, self-reliance, social services, etc.

Numerator:

Number of calls for non-health related children's social and developmental services.

Denominator:

One

Units: **Text:** N.A.

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho CareLine

SIGNIFICANCE

There are a number of services for very young children in Idaho, but no one place where a parent can turn to find out about all of them. Idaho's Governor has asked for creation of an early child development information clearinghouse for parents, professionals, and the community for easy access to information on early child development.

SP # 4

PERFORMANCE MEASURE:

Percent of child deaths reviewed by the Idaho Child Mortality Review Team

STATUS:

Active

GOAL

To reduce infant mortality through review of death reports for trends accompanied by appropriate health promotion intervention and system improvements.

DEFINITION

Numerator:

Number of child deaths reviewed.

Denominator:

Total number of child deaths under 18 years of age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State death certificates, police, coroner, and autopsy records, crash analysis reporting system records, child protective service records, public health lab genetics records, birth certificates, prehospital care records, and poison control records.

SIGNIFICANCE

A review of all child deaths will lead to identification of potentially preventable deaths among Idaho children by identifying risk factors which lead to preventable deaths. As a result, specific and feasible recommendations will be made to the Governor on ways in which child mortality may be reduced in Idaho.

SP # <u>5</u>	
PERFORMANCE MEASURE:	Doses of hepatitis A vaccine administered to children at kindergarten entry
STATUS:	Active
GOAL	To reduce the rate of incidence of hepatitis A
DEFINITION	<p>Numerator: Number of doses of hepatitis A vaccine administered to children at kindergarten entry</p> <p>Denominator: One</p> <p>Units: 1 Text: N/A</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Idaho Immunization Program doses administered data
SIGNIFICANCE	Hepatitis A remains one of the most frequently reported vaccine preventable diseases. Current recommendations for the use of hepatitis A vaccine focus primarily on protecting individuals at risk of infection, and preventing infections in those communities or populations with very high rates of disease. A shift is needed from the present strategy, which emphasizes control of community wide hepatitis A outbreaks, to a strategy that focuses on achieving a sustained reduction in disease incidence through prevention of high disease rates in states and communities.Children living in states or communities (including counties or groups of counties) with hepatitis A rates consistently higher than the national average should be vaccinated against hepatitis A.

SP # 6

PERFORMANCE MEASURE:

Percent of children age 5 years who are caries-free in their primary teeth (have no decayed, missing or filled teeth due to tooth decay)

STATUS:

Active

GOAL

To prevent early childhood caries

DEFINITION

Numerator:

Number of children age 5 years who are caries-free

Denominator:

Number of children age 5 years in the State during the year

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data on prevalence of baby bottle tooth decay (early childhood caries) is collected annually via the WIC Program nutritional risk screening. During FY 2002, baseline data will be collected on a representative sample of kindergarten students.

SIGNIFICANCE

Dental caries is the single most chronic disease of childhood, occurring five to eight times as frequently as asthma, the second most chronic disease in children. Early childhood caries (ECC) affects the primary teeth of infants and young children age 1 to 6 years. Possible risk factors include large family size, age and education of the mother, nutritional status of the mother and infant, transfer of infectious organisms from parent or caregiver to infant, and lack of early and routine preventive dental care. Idaho State Smile Survey data collected over the past 15 years shows the need to: 1) start earlier to prevent dental disease, and 2) increase early access to dental care for low-income children. By the second grade, 60% of Idaho students have experienced tooth decay and 27% have unmet treatment needs. According to WIC Program data, 13% of clients age 48 to 59 months have baby bottle tooth decay.

SP # 7

PERFORMANCE MEASURE:

Percent of investigations completed on children with elevated blood lead levels

STATUS:

Active

GOAL

To reduce the morbidity associated with elevated blood lead levels in children.

DEFINITION

Beginning in FY 1999, completion of an investigation will include a follow-up within six months with documentation of a reduction in blood lead level to <10 ug/dL.

Numerator:

Number of investigations completed on children with elevated blood lead levels.

Denominator:

Total number of reported elevated blood lead levels (>10 ug/dL) in children.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho Epidemiology Program

SIGNIFICANCE

High blood lead levels are among the most prevalent childhood conditions and the most prevalent environmental threat to the health of children in United States. Health effects of highly elevated lead levels include coma, convulsions, profound irreversible mental retardation and seizures, and death. Lead in the home environment is the major remaining source of human lead exposure. Thorough investigations are necessary to identify sources of exposure. Investigation of children with elevated blood levels will be conducted to identify potential exposure pathways and suggest methods of interrupting exposure.

SP # 8

PERFORMANCE MEASURE:

Percent of deaths attributed to SIDS that are autopsied

STATUS:

Active

GOAL

To obtain accurate data on the number of SIDS deaths that occur in the state by providing funds for autopsies as part of the exclusionary diagnosis.

DEFINITION

Deaths in infants <1 year of age in which SIDS is the likely cause as determined by the coroner.

Numerator:

Number of deaths attributed to SIDS that are autopsied.

Denominator:

Total number of deaths attributed to SIDS that are reported.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital records collected by the state.

SIGNIFICANCE

This period of mortality reflects the environment and the care infants receive. SIDS deaths occur during this period and have been recently reduced due to new infant positioning in the U.S. Idaho's 1997 SIDS rate was approximately 55 percent higher than the preliminary U.S. rate. However, the diagnosis of SIDS is an exclusionary diagnosis that is made after an autopsy, a death scene investigation, and a complete medical history. It is unclear if all deaths currently attributed to SIDS have met this criteria. This review process should all us a greater ability to accurately track such deaths.

SP # 9

PERFORMANCE MEASURE:

Percent of CHIP eligible children who are enrolled in the program

STATUS:

Active

GOAL

To work as a partner with Medicaid in providing outreach to encourage enrollment of eligible children into the Children's Health Insurance Program (CHIP).

DEFINITION

Numerator:

Number of children under 19 in the state who are enrolled in the Children's Health Insurance Program (CHIP)

Denominator:

Number of children under 19 in the state who are eligible for the CHIP program

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho Medicaid Program

SIGNIFICANCE

As indicated in the National Core Performance Measure #12, uninsured individuals are more likely to have an episode of needing and not getting medical care. Children without health insurance have an average of 1 less visit per year and receive less treatment than insured children with similar problems.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: ID

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	0.3	0.2	21.4	26.1	28.0
Numerator	1	1	99	129	145
Denominator	39,295	45,775	46,164	49,406	51,875
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	100.0	100.0	69.6	69.5	70.5
Numerator	1	1	14,162	14,804	15,706
Denominator	1	1	20,361	21,296	22,276
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	100.0	100.0	47.8	54.0	42.9
Numerator	1	1	300	302	210
Denominator	1	1	627	559	490
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	69.5	71.2	74.6	75.6	76.2
Numerator	13,777	13,822	14,147	15,187	16,000
Denominator	19,815	19,426	18,968	20,092	21,000
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>51.0</u>	<u>48.6</u>	<u>44.2</u>	<u>45.3</u>	<u>48.0</u>
Numerator	<u>6,435</u>	<u>7,738</u>	<u>10,138</u>	<u>11,265</u>	<u>14,952</u>
Denominator	<u>12,627</u>	<u>15,922</u>	<u>22,918</u>	<u>24,864</u>	<u>31,177</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>2,698</u>	<u>2,820</u>	<u>2,873</u>	<u>2,726</u>	<u>3,077</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2005
Field Note:
Medicaid data only.
2. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available prior to 2001.
3. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
Data prior to 2001 not available.
4. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2005
Field Note:
All youngsters who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. Medicaid, rather than Title V, pays for all rehabilitation services.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: ID

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2002	Payment source from birth certificate	<u>6.4</u>	<u>5.6</u>	<u>6.2</u>
b) Infant deaths per 1,000 live births	2002	Payment source from birth certificate	<u>6.2</u>	<u>4.5</u>	<u>6.1</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2002	Payment source from birth certificate	<u>73.7</u>	<u>86.4</u>	<u>82.1</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2002	Payment source from birth certificate	<u>70.1</u>	<u>78.7</u>	<u>75.6</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: ID

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2003	<u>133</u>
b) Medicaid Children (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u>19</u> to <u>19</u>)	2003	<u>133</u> <u>100</u> <u>100</u>
c) Pregnant Women	2003	<u>133</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: ID

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2003	<u>150</u>
b) Medicaid Children (Age range <u>1</u> to <u>2</u>) (Age range <u>2</u> to <u>3</u>) (Age range <u>3</u> to <u>19</u>)	2003	<u>150</u> <u>150</u> <u>150</u>
c) Pregnant Women	2003	<u>133</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2005
Field Note:
coverage extends through age 5 for the 133% FPL category and begins at age 6 to the month of the child's 19th birthday for the 100% FPL category. There is no difference between age 18 and 19 but this system would not allow me to save it with any blanks.
2. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2005
Field Note:
SCHIP in Idaho covers newborns through the month of their 19th birthday at the same income standard of 150% of the FPL.
3. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2005
Field Note:
Pregnant women in Idaho can only qualify for Medicaid not SCHIP. SCHIP is only for children to the month of their 19th birthday.
4. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of low birth weight (<2,500 grams)
Column Name:
Year: 2005
Field Note:
Data for Medicaid/Non-Medicaid are based on live births to Idaho residents occurring in Idaho. Data from the birth certificate on payment source are not available for out of state births.

Data for All are based on all births to Idaho resident mothers.
5. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2005
Field Note:
Data Medicaid/Non-Medicaid are based on live births and infant deaths to Idaho residents occurring in Idaho. Data from the birth certificate on payment source are not available for out of state births.

Data for All are based on all births to Idaho resident mothers.
6. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2005
Field Note:
Data for Medicaid/Non-Medicaid are based on live births to Idaho residents occurring in Idaho. Data from the birth certificate on payment source are not available for out of state births.

Data for All are based on all births to Idaho resident mothers.
7. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:
Data for Medicaid/Non-Medicaid are based on live births to Idaho residents occurring in Idaho. Data from the birth certificate on payment source are not available for out of state births.

Data for All are based on all births to Idaho resident mothers.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: ID

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: ID

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Pediatric Nutrition Surveillance System (PedNSS)	3	Yes
WIC Program Data	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: ID

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	6.2	6.7	6.4	NaN	
Numerator	1,225	1,357	1,333	0	
Denominator	19,849	20,294	20,686	0	
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	4.8	5.0	0.7	NaN	
Numerator	935	995	134	0	
Denominator	19,365	19,708	20,109	0	
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	1.1	1.1	1.0	NaN	
Numerator	212	220	200	0	
Denominator	19,849	20,294	20,686	0	
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	0.8	0.9			
Numerator	156	170			
Denominator	19,365	19,708			
Is the Data Provisional or Final?					

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	17.6	12.5	14.9		
Numerator	50	38	46		
Denominator	284,867	303,007	309,622		

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	9.8	6.3	5.5		
Numerator	28	19	17		
Denominator	284,867	303,007	309,622		

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	34.4	31.7	38.3		
Numerator	72	65	80		
Denominator	209,572	204,852	208,765		

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	0				
Numerator					
Denominator					

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	461.6	427.7			
Numerator	1,314	1,296			
Denominator	284,671	303,007			

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	2,405.2	2,493.0			
Numerator	4,951	5,107			
Denominator	205,848	204,852			

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	11.7	11.5			
Numerator	643	631			
Denominator	54,878	54,807			

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	3.0	3.5			
Numerator	641	758			
Denominator	213,244	216,516			

Is the Data Provisional or Final?

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0							
Women 15 through 17	0							
Women 18 through 19	0							
Women 20 through 34	0							
Women 35 or older	0							
Women of all ages	0	0	0	0	0	0	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15			
Women 15 through 17			
Women 18 through 19			
Women 20 through 34			
Women 35 or older			
Women of all ages	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #08A - Demographics (Total deaths) *Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #08B - Demographics (Total deaths) *Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)*

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	
Living in urban areas	
Living in rural areas	
Living in frontier areas	
Total - all children 0 through 19	0

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None